



**Youth Behavioral Health Liaison Referral**

**Date of Referral:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Youth Status (check all that apply):**

- In adult custody, pending case disposition
- Out of adult custody, on Pretrial Release or pending disposition
- In Juvenile detention, pending case disposition
- Juvenile Court case, pending case disposition
- Community Resource Court
- In Diversion (DJJ or MDP)
- Post-Disposition

**Reason for Referral (check all that apply):**

- Mental Health Assessment and Treatment Recommendations
- Substance Abuse Assessment and Treatment Recommendations
- Youth in Crisis (detention, incarceration, lack of housing, family dysfunction)
- Case Management/Care Coordination/Referral
- For youth in detention/custody only: Counseling, mental health custody issues, medication needs, treatment referrals and discharge planning.

**Youth Information:**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FAMILY MEMBER/GUARDIAN CONTACTS:**

\_\_\_\_\_

**DEFENSE COUNSEL (if applicable):**

**COURT COUNSELOR (if applicable):**

**COURT DATE (if applicable):**

**DSS SOCIAL WORKER (if applicable):**

**PLEASE PROVIDE DETAIL ABOUT REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Please use additional page to provide further details.

Return referral via email/scan, fax, or in person, to: Tami Pfeifer (919-245-2311)

[tpfeifer@orangecountync.gov](mailto:tpfeifer@orangecountync.gov)

FAX: 919-640-1729

106 E Margaret Lane, Hillsborough NC 27278 (Orange County Courthouse, first floor)



**Behaviors/Risk Factors:**

- Fighting/Assaultive/ Aggression Issues
- Impulsivity/Risk Taking
- Alcohol Use
- Substance Use
- Running Away
- Anxiety/Depression
- Bullying
- Being Bullied
- Self-Harming
- Suicidal
- Trauma
- Sexual Abuse
- Fire Starting
- Sexual Issues
- Other: \_\_\_\_\_

**Issues in School:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Issues in the Home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior or Current Mental Health/Substance Use Treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance/Medicaid Information:** \_\_\_\_\_

**Other Important Contacts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_